

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

BILL BAILEY FOR CONGRESS

ADDRESS (number and street)
▼

PO BOX 991

Check if different
than previously
reported. (ACC)

SEYMOUR

IN

47274

2. FEC IDENTIFICATION NUMBER ▼

C

C00547612

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

IN

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
05 06 2014in the
State of

IN

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 01 2014

through

M M / D D / Y Y Y Y
04 16 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Reuben Joseph Cummings

Signature of Treasurer

Mr. Reuben Joseph Cummings

[Electronically Filed]

Date

M M / D D / Y Y Y Y
04 22 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 14

Write or Type Committee Name

BILL BAILEY FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2040.00	12976.23
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2040.00	12976.23
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5382.31	22124.67
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	5382.31	22124.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1009.70	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	10158.14	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 14

Write or Type Committee Name

BILL BAILEY FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

2000.00

(ii) Unitemized.....

1990.00

9799.00

(iii) TOTAL of contributions from individuals ▶

1990.00

11799.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

50.00

50.00

(d) The Candidate.....

0.00

1127.23

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

2040.00

12976.23

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

2000.00

10158.14

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

2000.00

10158.14

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

4040.00

23134.37

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5382.31	22124.67
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	5382.31	22124.67

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2352.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4040.00
25. SUBTOTAL (add Line 23 and Line 24).....	6392.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5382.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1009.70

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 14

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BILL BAILEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Brown County Democrats		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>12</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		12		2014
M M	/	D D	/	Y Y Y Y									
04		12		2014									
Mailing Address 9000 Newanna Ln		Transaction ID : SA11C.4454											
City Nashville	State IN	Zip Code 47448											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>50.00</td> </tr> </table>						50.00					
				50.00									
Name of Employer		Occupation											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>50.00</td> </tr> </table>						50.00					
				50.00									
B. Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address													
City	State	Zip Code											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td></td> </tr> </table>											
Name of Employer		Occupation											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td></td> </tr> </table>											
C. Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address													
City	State	Zip Code											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td></td> </tr> </table>											
Name of Employer		Occupation											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td></td> </tr> </table>											
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="4"></td> <td>50.00</td> </tr> </table>						50.00					
				50.00									
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="4"></td> <td>50.00</td> </tr> </table>						50.00					
				50.00									

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 14

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

BILL BAILEY FOR CONGRESS**A.**

Full Name (Last, First, Middle Initial)

Mr. WILLIAM W W BAILEY

Mailing Address 715 WENDEMERE DR

City

SEYMOUR

State

IN

Zip Code

47274

FEC ID number of contributing
federal political committee.**C**

H4IN09072

Name of Employer

Seymour Chamber of Commerce

Occupation

Director

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

10158.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : SA13A.4419

Amount of Each Receipt this Period

2000.00

Operating Expenses

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

2000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BILL BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Morgan Mohr

Mailing Address 415 S Ballantine Rd

City	State	Zip Code
Bloomington	IN	47401

Purpose of Disbursement
Wages

001

Candidate Name

BILL BAILEY FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4466

B. News and Tribune

Mailing Address 221 Spring St

City	State	Zip Code
Jeffersonville	IN	47130

Purpose of Disbursement
Radio Advertisement

004

Candidate Name

BILL BAILEY FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2013

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2014

Amount of Each Disbursement this Period

460.00

Transaction ID : SB17.4462

c. Elizabeth Schlemmer

Mailing Address 1500 1/2 S Walnut St #2

City	State	Zip Code
Bloomington	IN	47401

Purpose of Disbursement
Wages

001

Candidate Name

BILL BAILEY FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

2888.15

Transaction ID : SB17.4412

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3848.15

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BILL BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Summit Media

Mailing Address 612 S 4th St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2014

City	State	Zip Code
Seymour	IN	47274

Amount of Each Disbursement this Period

720.00

Purpose of Disbursement
Radio Advertisement

004

Transaction ID : SB17.4464

Candidate Name

BILL BAILEY FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 09

Full Name (Last, First, Middle Initial)

B. WCLS

Mailing Address PO Box 2147

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

City	State	Zip Code
Bloomington	IN	47404

Amount of Each Disbursement this Period

306.00

Purpose of Disbursement
Radio Advertisement

004

Transaction ID : SB17.4417

Candidate Name

BILL BAILEY FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: IN District: 09

Full Name (Last, First, Middle Initial)

C. WKLO

Mailing Address PO Box 806

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

City	State	Zip Code
Seymour	IN	47274

Amount of Each Disbursement this Period

216.00

Purpose of Disbursement
Radio Advertisement

004

Transaction ID : SB17.4413

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1242.00

5090.15

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 9 OF 14

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4209

BILL BAILEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Mr. WILLIAM W W BAILEY

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

715 WENDEMERE DR

City

State

ZIP Code

SEYMOUR

IN

47274

Original Amount of Loan

599.20

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

599.20

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 31 / 2013

Date Due

M M / D D / Y Y Y Y
/ 12/1/14

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

599.20

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 10 OF 14

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4210

BILL BAILEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Mr. WILLIAM W W BAILEY

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

715 WENDEMERE DR

City

State

ZIP Code

SEYMOUR

IN

47274

Original Amount of Loan

51.95

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

51.95

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 01 / 2013

Date Due

M M / D D / Y Y Y Y
/ 12/1/14

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

51.95

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 11 OF 14

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4211

BILL BAILEY FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

Mr. WILLIAM W W BAILEY☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

715 WENDEMERE DR

City

State

ZIP Code

SEYMOUR

IN

47274

Original Amount of Loan

106.99

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

106.99

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 02 / 2013

Date Due

M M / D D / Y Y Y Y
/ 12/1/14

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

106.99

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 12 OF 14

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4207

BILL BAILEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Mr. WILLIAM W W BAILEY

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

715 WENDEMERE DR

City

State

ZIP Code

SEYMOUR

IN

47274

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1400.00

0.00

1400.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
11 / 06 / 2013M M / D D / Y Y Y Y
/ / 12/1/14M M / D D / Y Y Y Y
/ / 12/1/14M M / D D / Y Y Y Y
/ / 12/1/14

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1400.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 13 OF 14

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4269

BILL BAILEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Mr. WILLIAM W W BAILEY

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

715 WENDEMERE DR

City

State

ZIP Code

SEYMOUR

IN

47274

Original Amount of Loan

6000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
01 / 14 / 2014

Date Due

M M / D D / Y Y Y Y
/ 12/1/14

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

6000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 14 OF 14

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4419

BILL BAILEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Mr. WILLIAM W W BAILEY

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

715 WENDEMERE DR

City

State

ZIP Code

SEYMOUR

IN

47274

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2000.00

0.00

2000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y
04 / 02 / 2014M M / D D / Y Y
/ / 12/1/14Y Y / Y Y / Y Y
12/1/14

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2000.00

TOTALS This Period (last page in this line only)..... ►

10158.14

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.